



General Services Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 687-3232
www.gsd.nv.gov

CIVIL APPLICANT ACCOUNT APPLICATION AND CHECKLIST

**Applications must be completed in full and submitted with all required documents.
Incomplete applications will be returned unprocessed.**

To apply for use of NRS 449, please include the following:

- 1) Application completed in full.
- 2) A copy of your current Nevada State business license issued by the Secretary of State. If you need to obtain a copy or apply for a Nevada State business license, please visit www.nvsos.gov.
- 3) A copy of your Federal Tax ID letter issued by the IRS when you established your business.
(Excludes Sole Proprietorships that are using Social Security Numbers.) If you did not retain a copy of this important document, you may call the IRS Customer Service Line at (800) 829-0115 for assistance.
- 4) A copy of your license issued by the Department of Health and Human Services, Division of Public and Behavioral Health, Health Care Quality and Compliance Unit (HCQC)

To apply for use of all other statutory authorities, please include the following:

- 1) Application completed in full.
- 2) A copy of your current Nevada State business license issued by the Secretary of State. If you need to obtain a copy or apply for a Nevada State business license, please visit www.nvsos.gov.
- 3) A copy of your Federal Tax ID letter issued by the IRS when you established your business.
(Excludes Sole Proprietorships that are using Social Security Numbers.) If you did not retain a copy of this important document, you may call the IRS Customer Service Line at (800) 829-0115 for assistance.

If you are a Federal or Governmental agency, please include only the following:

- 1) Application completed in full.



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CIVIL APPLICANT FINANCIAL ACCOUNT APPLICATION
(Fingerprint based background check)

FOR RECORDS USE ONLY			
ACCT NO.		PEND 3	Date:
Assigned By:		PEND 4	Date:
Date:		Credit limit:	

Company/Organization Name:			
DBA:			
Is this business a:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Gov't Agency
	<input type="checkbox"/> LLC/Partnership	<input type="checkbox"/> Private Livescan Agency	<input type="checkbox"/> Non-Profit
Is this business a:	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership*	
*If change of ownership, please specify existing or previous company name and account number _____			
Please list any regulatory or auditing agency:			
Federal Tax ID (FEIN) or Social Security Number (if Sole Proprietor):			

Billing Information:

<u>Primary</u>			<u>Secondary (if applicable)</u>	
Contact Person:			Contact Person:	
Nevada Physical Address:			Telephone:	Fax:
City:	State:	Zip:	Email:	
Mailing Address:				
City:	State:	Zip:		
Nevada Telephone:				
Billing Contact Name:				
Telephone:		Fax:		
Email:				



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Response Information: (Where we will send the response to the background investigation)

Company/Organization Name:			
<u>Primary</u>			<u>Secondary (if applicable)</u>
Contact Person:			Contact Person:
Mailing Address:			Telephone:
City:	State:	Zip:	Email:
Physical Address:			
City:	State:	Zip:	
Main Telephone:			
Email:			

Purpose of Background Investigation:

Type of Investigation:	NRS (Nevada Revised Statute) / Ordinance for which you are applying to submit background checks for. Please attach that NRS/Ordinance with this application.
<input type="checkbox"/> Criminal Justice Employment	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Volunteers	
<input type="checkbox"/> Students	
<input type="checkbox"/> Work Cards	
<input type="checkbox"/> Licensing	

(Cont)



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Additional Information:

Does your company/organization provide services to children under the age of 16? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please describe briefly what services your company/organization provides:		
List any State or Federal mandates regarding fingerprint submission and your company/organization:		
Where will Criminal History Record Information be maintained for auditing purposes? Nevada Physical Address:		
Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 5 business days.		
I, the undersigned, have the authority and am the responsible party to apply for an account on behalf of the Company / Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, General Services Division.		
Signature:	Printed Name:	Date:

How to submit your completed application

Fax: (775) 687-3288

or

Mail:

333 West Nye Lane, Suite 100
Carson City, NV 89706

General Services Division is not authorized to provide legal advice. If you do not know what statutory authority allows you to receive Criminal History and/or Personal Identifying Information, please seek direction from your governing body or legal counsel.